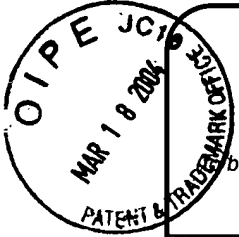


03-19-04

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

# TRANSMITTAL FORM

to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> to be used for all correspondence after initial filing)	<b>Application Number</b>	10/674,030	
	<b>Filing Date</b>	09/29/2003	
	<b>First Named Inventor</b>	David Holliviers, et al.	
	<b>Group Art Unit</b>	3683	
	<b>Examiner Name</b>	Matthew C. Graham	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	1316N-001679

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
<b>Remarks</b> The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael J. Schmidt	Reg. No.	34,007
Signature					
Date	March 18, 2004				

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	Michael J. Schmidt	Express Mail Label No.	EV 406 074 753 US (03/18/2004)
Signature		Date	March 18, 2004

EV 406 074 753 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/674,030  
Filing Date: 09/29/2003  
Applicant: David Holliviers, et al.  
Group Art Unit: 3683  
Examiner: Matthew C. Graham  
Title: EXTRA SUPPORT LAND FOR VALVE DISC  
Attorney Docket: 1319N-001679

---

Mail Stop Non-Fee Amendment  
Director of The United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed March 8, 2004, Paper No./Mail Date 03042004, please amend and reconsider the above referenced patent application as follows.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 6 of this paper.